## State of Michigan Department of Civil Service EMPLOYEE BENEFITS DIVISION

400 South Pine Street, P.O. Box 30002 Lansing, Michigan 48909 1-800-505-5011 or 517-373-7977

## PLAN C - LEAVE OF ABSENCE FORM

**Instructions:** Human Resource Offices should use this form to notify the Employee Benefits Division when an employee is going on a Plan C leave of absence so that the employee/state share of the health, dental, vision, and life insurance premiums may be prepaid. Please FAX this form to the Employee Benefits Division at (517) 373-3174 as soon as possible.

Preparer Name		Preparer Phone Number	
EMPLOYEE INFORMATION			
Employee ID No.	Social Security Number	Name	Birth Date (MM/DD/YYYY)
Address		City	State Zip Code
Dept/Agency	Unit Code	Last Day of Pay Status (MM/DD/YYYY)	Plan C Pay Period End Date (MM/DD/YYYY)
Health Code	Dental Code	Vision Code	Life Code
DEPENDENT INFORMATION: (Please fill out COMPLETELY)			
Dependent Name	Social Security Number	Birth Date	Relationship